

Capacity development for climate change and health

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**World Health
Organization**

Some of largest health burdens are highly climate sensitive

- Each year:
 - Undernutrition kills 3.5 million
 - Diarrhoea kills 2.2 million
 - Malaria kills 900,000
 - Extreme weather events kill 60,000

These, and others, are **highly sensitive to changing climate.**



The developing world is most at risk



Cumulative emissions of greenhouse gases, to 2002



WHO estimates of *per capita* mortality from climate change, 2000

Map projections from Patz et al, 2007; WHO, 2009.



Goal: Climate-resilient health systems and healthy mitigation policy

- We have proven interventions for climate-sensitive risks (vector control, water and sanitation etc.) – we need to expand coverage, and ensure that they are climate resilient.
- WHO has defined regional frameworks for action, and a "minimum package" of interventions that countries should implement.
- WHO has gathered evidence and outlined policy direction on the health benefits of well-deigned mitigation policy.

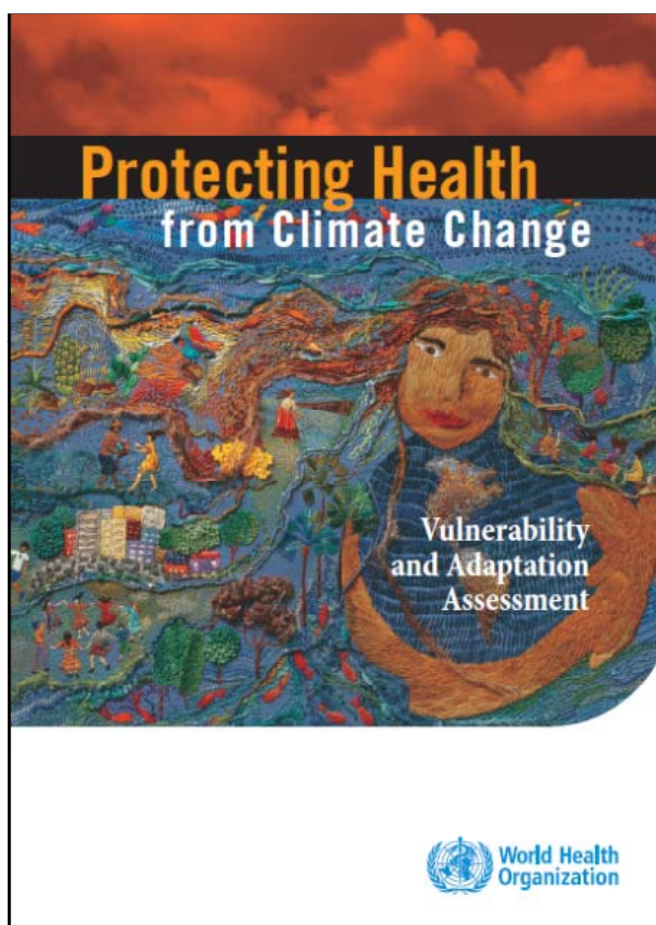


Current weaknesses in health adaptation planning

- Current support for health adaptation is estimated at about 0.5% of the health damage costs from climate change.
- Almost all Least Developed Countries Identify Health as a priority, but less than 30% have an adequate health assessment or adaptation plan.
- Common weaknesses include overly narrow focus, poor epidemiological analysis, lack of baselines, and weak engagement with operational health actors.



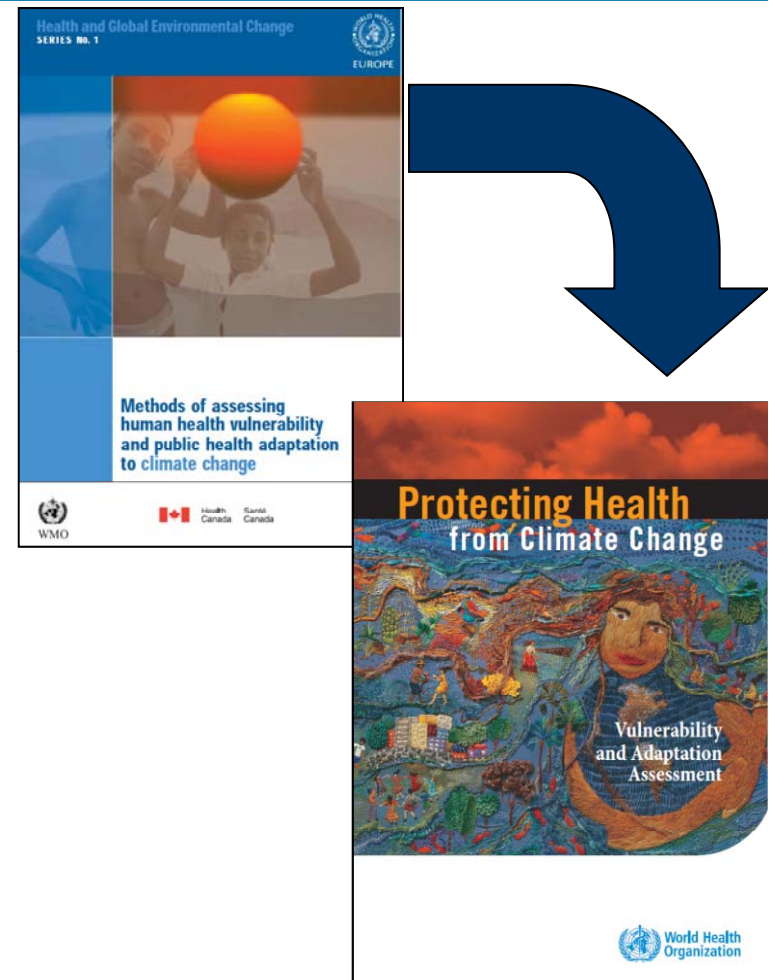
The Example of a Vulnerability and Adaptation Assessments

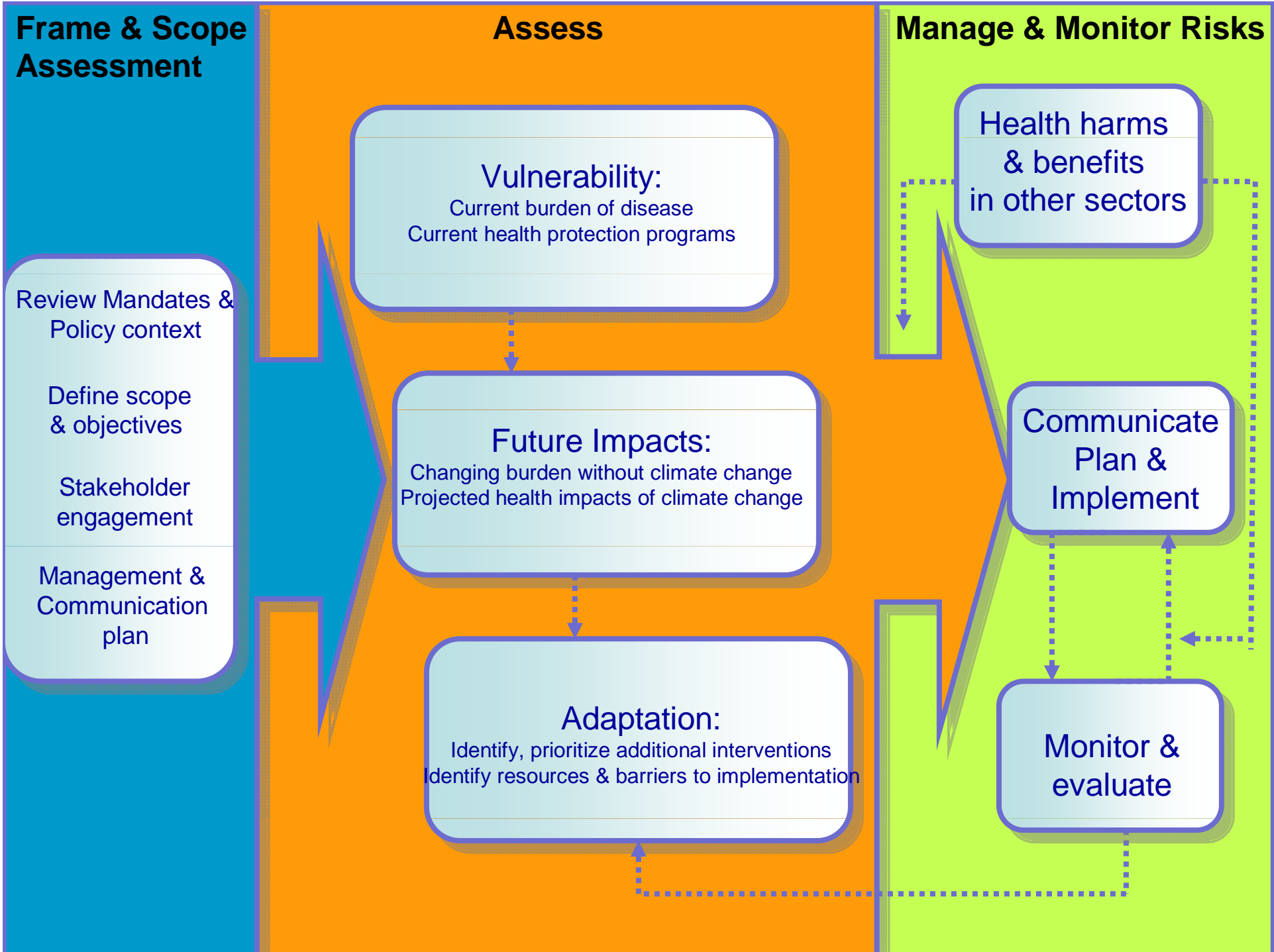


- Raise awareness of linkages
- Understand causality in local context
- Build evidence of nature, magnitude and distribution of the risks
- Identify gaps in understanding
- Help prioritize problems and actions

V&A Guidance Development Process 2010-2011

1. A Draft Document based on 2003 guidance produced by WHO-EURO.
2. Draft was pilot-tested in 12 countries, across Asia, Latin America, Europe, Canada
3. Consultation workshop with representatives of 16 countries & experts brought together to share experience, critique and improve the document
4. Revisions aimed for a simple and more applied guidance, rather than academic study.
5. New documents in press.





Health V&A Assessments are being conducted in an increasing number of countries

- Barbados
- Bolivia
- Brasil
- Costa Rica
- Iran
- Tunisia
- Jordan
- Canada
- USA
- Australia
- UK
- Kyrgyzstan
- Uzbekistan
- Tajikistan
- Macedonia
- Portugal
- Fiji
- Cambodia
- India
- Urban assessments
 - Kathmandu
 - Sao Paolo
- Kenya
- Bangladesh
- Ghana
- Bhutan
- Albania
- Macedonia
- Kazakstan
- Tuvalu
- Niue
- Fed. States Micronesia
- Palau
- Marshall Islands
- Cambodia
- Mongolia
- Samoa
- Papua New Guinea
- Solomon Islands
- Vanuatu
- Nauru
- Tonga
- Kiribati



Early lessons from developing and applying V&A

- V&As should be framed as a process not a product
- V&As are not only about assessing the sensitivity of single disease trends to climate variables. Buy-in from stakeholders increases when you address health determinants – such as quality of water-infrastructure, or food security.
- Understanding climate-health linkages is often limited but critical for those conducting the V&A. Mock exercises to describe the dynamics and linkages of health outcomes to climate conditions can be helpful.
- To ensure V&A assessment findings are applied – it is important to engage and transfer ownership to decision makers



Examples of other relevant WHO products

- Strategy, plan of action and planned toolkit for health adaptation planning
- Large scale pilots in 17 countries
- Basic training course on climate change and health
- Guidance on reducing CO2 emissions within the health sector
- Engagement with other UN agencies: via GEF , MDG-F projects, GFCS, etc.
- Clearinghouse of CCHH experts, projects, access to finance.



Conclusions

- There is increasing demand for national and community level work on climate change and health
- Early projects are showing up important weaknesses in technical (as well as institutional and organizational capacity)
- We have a series of capacity-building products, based on technical expertise, practical experience and stakeholder consultation
- This is an ongoing process, not a single hit.



More information:

World Health Organization

<http://www.who.int/>

Public Health and Environment

<http://www.who.int/phe/en/>

Global Environmental Change

<http://www.who.int/globalchange/>

Climate Change

<http://www.who.int/globalchange/climate/>

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